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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number MGH 1512 CIP

First Named Inventor Michael Detmar

COMPLETE IF KNOWN

Application Number 09 / 822,161

Filing Date March 30, 2001

Group Art Unit 1646

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DELIVERY OF THROMBOSPONDIN FROM IMPLANTABLE TISSUE MATRICES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/30/2001 as United States Application Number or PCT International

(if applicable).

Application Number 09/822,161 and was amended on (MM/DD/YYYY)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/127,221	03/31/1999	
60/178,842	01/27/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MGH 1512 CIP

MGH 1512.2 13793/11

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code LabelOR ☒

Correspondence address below

Name Patrea L. Pabst, ARNALL GOLDEN GREGORY LLP

Address 2800 One Atlantic Center

Address 1201 West Peachtree Street

City Atlanta

State GA

ZIP 30309-3450

Country USA

Telephone 404-873-8794

Fax 404-873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

Michael

(first and middle [if any])

Family Name Detmar
or SurnameInventor's
Signature

Date 4/18/2009

Residence: City Arlington

State MA

Country USA

Citizenship DE

Mailing Address 87 Quincy Street

Mailing Address

City Arlington

State MA

ZIP 02476

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Joseph P.

(first and middle [if any])

Family Name Vacanti
or SurnameInventor's
Signature

Date

Residence: City Winchester

State MA

Country USA

Citizenship US

Mailing Address 14 Woodside Road

Mailing Address

City Winchester

State MA

ZIP 01890

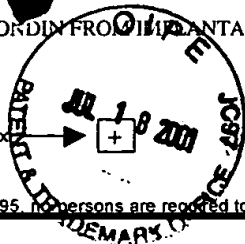
Country USA

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Title: DELIVERY OF THROMBOSPONDIN FROM COLLAGEN-IMPLANTABLE TISSUE MATRICES

Filed: March 30, 2001

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		Streit	
Inventor's Signature		Date	
Residence: City	Boston	State	MA
Country	USA	Citizenship	DE
Mailing Address 19 Snow Hill Street			
Mailing Address			
City	Boston	State	MA
ZIP	02113	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Antonia E.		Stephen	
Inventor's Signature		Date	
Residence: City	Boston	State	MA
Country	USA	Citizenship	US
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Mailing Address Apt. 6			
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ZIP	02114	Country	US
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Country		Citizenship	
Mailing Address			
Mailing Address			
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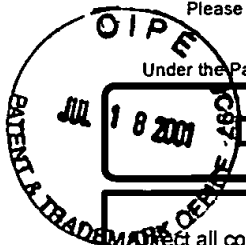
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NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Michael (first and middle [if any])			Family Name Detmar or Surname		
Inventor's Signature					Date
Residence: City Arlington		State MA		Country USA	Citizenship DE
Mailing Address 87 Quincy Street					
Mailing Address					
City Arlington		State MA		ZIP 02476	Country USA
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Joseph P. (first and middle [if any])			Family Name Vacanti or Surname		
Inventor's Signature <i>Joseph P. Vacanti</i>					Date 4/23/07
Residence: City Winchester		State MA		Country USA	Citizenship US
Mailing Address 14 Woodside Road					
Mailing Address					
City Winchester		State MA		ZIP 01890	Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Title: DELIVERY OF TROMBOSPONDIN FROM IMPLANTABLE TISSUE MATRICES

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or SurnameInventor's
Signature

Date

Residence: City Arlington

State MA

Country USA

Citizenship DE

Mailing Address 87 Quincy Street

Mailing Address

City Arlington

State MA

ZIP 02476

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Joseph P.
(first and middle [if any])Family Name Vacanti
or SurnameInventor's
Signature

Date

Residence: City Winchester

State MA

Country USA

Citizenship US

Mailing Address 14 Woodside Road

Mailing Address

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State MA

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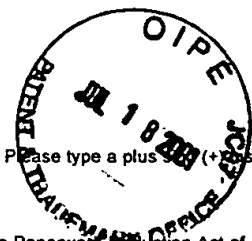
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Michael		Streit	
Inventor's Signature <i>Michael Streit</i>		Date <i>05/04/01</i>	
Residence: City	Boston	State	MA
Country	USA	Citizenship	DE
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State GA

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Fax 404-873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐

A petition has been filed for this unsigned inventor

Given Name

Michael

(first and middle [if any])

Family Name

Detmar

or Surname

Inventor's
Signature

Date

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NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name

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(first and middle [if any])

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Signature

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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Filed: March 30, 2001

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PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		Streit	
Inventor's Signature		Date	
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City	State	ZIP	Country
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Antonia E.		Stephen	
Inventor's Signature		Date	
<i>Antonia Streit</i>		5/11/01	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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